

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003905 (5)**

1. Corporation Name
INTERIM ACCOUNTING PERSONNEL INC.



Principal Place of Business 2050 SPECTRUM BOULEVARD FORT LAUDERDALE FL 33309	Mailing Address 2050 SPECTRUM BOULEVARD FORT LAUDERDALE FL 33309-3799
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/11/1995	3a. Date of Last Report 05/01/1996
21	22	26	27	4. FEI Number 75-1978773	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	24	25	26	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, JOHN B ESQ 2050 SPECTRUM BOULEVARD FORT LAUDERDALE FL 33309				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARCY, RAYMOND			1.2 NAME			
STREET ADDRESS	2050 SPECTRUM BOULEVARD			1.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33309			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SMITH, JOHN B			2.2 NAME			
STREET ADDRESS	2050 SPECTRUM BOULEVARD			2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33309			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HAGGARD, PAUL			3.2 NAME			
STREET ADDRESS	2050 SPECTRUM BOULEVARD			3.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33309			3.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SORENSEN, ALLAN C			4.2 NAME			
STREET ADDRESS	2050 SPECTRUM BOULEVARD			4.3 STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33309			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Paul Haggard Paul Haggard, Fin VP/Treas. 4/9/97 954-938-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)